

## STERLING MONTESSORI PRESCHOOL APPLICATION for 2022-2023

Applicant's Information (plea	se print):			
Legal Name:				
Last	:	First		Middle
Date of Birth://	_/ Age o	n August 31, 2022	Gen	der: • Male • Fema
Is this an application for a twin or	·multiple(s)? • Y	es • No		
If yes, list name(s) of the twin or	multiple(s):			
Your child is only eligible to start applicants who are not yet 3 will			e of 3 and is indepe	ndent in the bathroom. A
3 year old (must b	e 3 in order to attend	school)	_4 year old (must be	e 4 on or before 8/31/22)
Parents'/Court Appointed Leg	al Guardians' Infor	mation (please p	print):	
Custody of Child (Circle one please):	Father Mother	Both Parents	Other	
Parent/Guardian #1		Parent/Guard	ian #2	
Name:		Name:		
Relationship to applicant:		Relationship t	o applicant:	
Address:		Address:		<u>_</u> _
City State	Zip Code	City	Sta	te Zip Code
Phone:		Phone:		
Home	Cell		Home	Cell
Email:		Email:		
1) Does this applicant have a sibl	ing(s) currently enrol	lled at Sterling Mo	ontessori? Yes	s No
If yes, please provide the name/s	, grade/s and assigned	d classroom/s:		
2) Are you submitting a charter l	ottery application for	r this applicant's s	ibling/s? • Yes	• No
If yes, please provide sibling nam	e/s and the grade/s fo	or which the siblin	g/s is/are applying:	
Name	Grade	Name		Grade
3) Does your child have any pres				
4) How did you hear about Sterli	ng Montessori's pres	chool?		
	-			
	Tour? Yes No	Have you at	tended an Informatio	on Session? Yes N
Have you taken Sterling's Virtual	Tour? Yes No	have you at		

**<u>CONTACTS</u>**: Child will be released to the parent/guardians listed or to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the school has permission to contact the following individuals/

Name/Relationship	Address	Phone
Name /Relationship	Address	Phone

#### **HEALTH CARE NEEDS:**

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

#### Is there a medical action plan attached? • Yes • No

List any allergies, including animals, and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of, and type of response for these health care needs or concerns.

List any medication taken for that illness.

List any particular fears or unique behavior characteristics the child has (including animals).

Share any other information that has a direct bearing on assuring safe medical treatment for your child.

#### **EMERGENCY MEDICAL CARE INFORMATION:**

 Name of health care professional
 Office Phone:

Hospital Preference (required) \_\_\_\_\_\_

I, as the parent/guardian, authorize the school to obtain medical attention for my child in an emergency:

Signature of Parent/Guardian	Date:

Sterling Montessori Academy agrees to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. Sterling Montessori will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian or full-time custodian.

Signature of Administrator\_\_\_\_\_

# Applying to Sterling Montessori Preschool

### Prior to Applying:

• Visit our website to view an informational video as well as a classroom tour led by our Children's House Director. The link to tour information is: <a href="https://www.sterlingmontessori.org/index.php/academy/admissions/visits-tours">https://www.sterlingmontessori.org/index.php/academy/admissions/visits-tours</a>

### Submitting Your Application(s):

- A non-refundable \$25 application fee is required in order to apply. Applications received without the required \$25 fee will not be accepted, nor considered for enrollment. *Please make all checks payable to Sterling Montessori*.
- Applications and application fees can be dropped off in our Main Office between the hours of 8:00 4:00 or left in the locked drop box after hours.
- Applications and application fees can also be mailed to:

Sterling Montessori Academy and Charter School ATTN: ADMISSIONS 202 Treybrooke Drive Morrisville, NC 27560

If applying for multiple birth children (twins, triplets, etc.), please submit separate applications and fees, but please place them in the same envelope.

# NOTE: Only checks or money orders are accepted as payment for the non-refundable \$25 application fee. Credit cards, cash, and online payments are not accepted.

#### Once You Have Submitted Your Application:

- The application will be dated and time stamped.
- You will receive an email confirmation letting you know we have received your application.
- Applications are placed in a waiting pool and selected by considering the following: sibling, staff, or Board priority, previous family enrollment, Montessori experience, and needs of the classroom.
- When a seat is available, you will be contacted by one of our Admissions Managers
- For admissions information or application questions email our Admissions Manager: <u>admissions@sterlingmontessori.org</u>.

## **Children's House Parent Input Form**



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

# Please provide the following information as accurately as possible to help us get to know your child.

ac pa th pr	<b>INDEPENDENCE</b> Independence is a matter of extreme importance to the child and all efforts of growth are put forth to acquire this. In order to grow and develop, the child must be able to function by himself. This will set a pattern for good work habits, a sense of responsibility and will help children learn, think and discover for themselves. We as teachers and parents can support the effort of independence by giving children the practical life skills, so as to further a child's independence and never forget that doing more for the child than they need can hinder their growth towards independence.					
1.	Is your child out of diapers/pull-ups completely during	the day?	Yes	Not Yet		
2.	Is your 3 or 4 year old independent in the bathroom? (i.e., able to go on their own, pull down/up clothing, lear	rning to wipe?)	Yes	Not Yet		
	If you checked not yet, what assistance do you provide?					
3. If your child is not yet independent in the toiling process, are you interested in discussing the signs of readiness during your Meet and Greet?			Yes	No		
4.	4. Does your child attempt to dress themselves?		Yes	Not Yet		
5.	5. Does your child feed him/herself?		Yes	Not Yet		
6.	6. Describe your child's eating habits (any special dietary needs, picky eater, avoids certain textures, etc.).					
7.	Does your child play on their own without constant adul	t interaction?	Yes	Not Yet		
	If you answered NO, what strategies do you use to help your child play independently?					
8.	What time do you begin your child's bedtime routine?					
9.	What are your child's sleeping habits?					
	Falls Asleep Easily	Difficulty Waking				
	Falls Asleep with Difficulty	Difficulty Sleeping throu	gh the Nigh	t		

10. Does your child nap?	Yes	No
If you answered yes, what time do they go down for their nap? For how	v long do they	sleep?
11. Does your child fall asleep on their own?	Yes	Not Ye
12. Does your child have a soothing object that helps them fall asleep?		No
If yes, what is the object?		

#### LANGUAGE

We trust that given the right environment, the right support structure, your child is inherently capable of developing a strong, logical, ordered, and gracious voice. So much of the work we do in this area occurs naturally through human relationship.

#### 13. Does your child speak:

	A lot	Occasionally	Rarely/Never		
14.	Is English your child's p	rimary language?		Yes	No
	If you answered NO, wh	at is your child's primary lan	guage?		
15.	If English is NOT your c	hild's primary language, do t	hey understand Eng	lish?	
	Not at all	Some words	Understands very	well	
16.	6. Does your child speak English using short phrases or complete sentences?		Yes	Not Yet	
	If you answered not yet, is your child able to speak in his/her native Language using short phrases or complete sentences?		Yes	Not Yet	
17.	Are you concerned with	your child's speech developn	nent?	Yes	No
	If you answered yes, wh	at are your concerns?			
18.	Does your child ask for	help when needed?		Yes	Not Yet

#### **EMOTIONAL/BEHAVIORAL**

Emotional factors, such as the child's close relationship with the adults who care for them help form the child's personality. By age three, children response with gratitude, trust, and respect for those who are willing to help them orient themselves in the world. They evolve a sense of worth, security and a means for emotional expression, along with autonomy and independence.

19. Will	your child typically	listen to and follow	an adult's directions?	Yes	Not Yet
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If you answered NO, how do you support your child in this area? What strategies do you use to help your child listen and follow directions?

20. How does your child respond when feeling frustrated?

21. What is the best way to soothe your child they become frustrated?

22.	2. How does your child approach new experiences/situations?							
	Easily	Cautiously		Anxiously				
23.	Does your child have any	fears?			Yes	No		
	If your child is fearful of	animals, please v	which ones her	re:				
24.	How does your child han	dle separating fr	om parents?					
25.	<ul> <li>25. If you feel your child will have difficulty separating from you at drop off time, do you feel your child would benefit from a shorter dat at the start of the school year, with hours being added gradually as they adjust? (<i>tuition remains the same</i>)</li> <li>Yes</li> <li>No</li> <li>Unsure</li> </ul>							
<b>MEDICAL</b> It is important for you to share with us any allergies or health concerns your child may have in additional to any medications they may be taking.								
26.	26. Does your child have any allergies (food, pet hair, ants, bees, etc.)? Yes No							
	If you answered yes, plea	se list:						

27. Has your child ever had any formal evaluations aside from regular Yes No pediatrician visits (i.e., speech, hearing, vision, occupational therapy, cognitive evaluations)?

If you answered yes, please explain:

28. Has your child attended any child care/school/Montessori program settings? Yes No

If you answered yes, please list the names of the schools attended and their location:

When at your child's previous child care setting, how did the teacher describe your child's experience while at school?

What were some of your child's favorite works at school?

29. Are you considering Before Care (7:30-8:30 AM) of After Care (3:30-6:00 PM) for your child?

Before Care (7:30-8:30 AM) After Care (3:30-6:00 PM) Neither

#### A MONTESSORI EDUCATION

The goal of early childhood education is to cultivate your child's own natural desire to learn. The Montessori classroom, with its prepared activities and trained adults, is structured to promote this natural process of human development. The Montessori preschool classroom provides opportunities to move, touch, manipulate, and explore. It gives children the freedom to choose their own activities without unnecessary interference from an adult. In this environment, children learn to work independently, based on their own activities, building concentration and self-discipline. The goal of a Montessori education is not to develop all children to be high achievers but to develop children into becoming the best version of themselves.

30. Now that you have chosen Sterling Montessori as your school of choice for your child's education, please share with us your vision for your child's experience in a Montessori classroom.

31. Is there anything else we should know about your child?